



Public Health

ENVIRONMENTAL HEALTH DIVISION

Application for Well Repair Permit

Name _____ Telephone No _____

Mailing Address _____ Zip _____

Property Location _____

Email address _____ Parcel ID# _____

Tax Map# _____ - _____ - _____ Lot Acreage _____

ENVIRONMENTAL HEALTH REQUIREMENTS FOR WELL PERMIT ISSUANCE:

- **SUBMIT A SITE MAP OF THE PROPERTY NOTING WHERE WELL TO BE ABANDONED IS LOCATED.**
- **LOCATE EXISTING BUILDINGS, DRIVEWAY(S), OUT BUILDING(S), ETC. ON THE SITE MAP.**
- **WELL CONTRACTOR IS TO NOTIFY ENVIRONMENTAL HEALTH AT LEAST 24 HOURS PRIOR TO ABANDONMENT FOR INSPECTION APPOINTMENT.**

Signature _____ Date _____